

Benefit Estimate Request

Use this form to request an estimate of your retirement benefits. To help us serve you better, please print legibly.

| Name: | | | | | | |
|--|---|-----|----|--------------|---|--|
| Date of request: | request:Your estimated retirement date: | | | | | |
| st four digits of your Social Security number:Your birth date: | | | | | | |
| Are you married or in a registered domestic partr | | | | NO | | |
| If so, your spouse or registered domestic partner | 's birth date: | | | | | |
| Are you currently employed by the City of Seattle | e? | YES | | NO | | |
| Do you have service time in another public retire | ment system? | YES | NO | I DON'T KNOW | | |
| If so, what system(s)? | | | | | | |
| Telephone number or e-mail address where we | | | | uest: | | |
| · | | | | | | |
| Your benefit estimate will be mailed to your address of record with the City's personnel system. This is the same address to which your annual retirement statement is sent. Change of address forms are available on the Retirement System website at www.seattle.gov/retirement. | | | | | | |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| For office use only: | | | | | | |
| Retno:SRno:SRno: | Date received: | | | Date mailed: | _ | |
| Estimate prepared by: | Audited by: | | | | _ | |

Seattle City Employees' Retirement System, Kenneth J. Nakatsu, Interim Executive Director

720 Third Avenue, Suite 900, Seattle, Washington 98104

Tel: 206.386.1293 Toll Free: 877.865.0079 Fax: 206.386.1506

www.seattle.gov/retirement retirecity@seattle.gov